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Charles W. McClure

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Plain envelope, unsealed \$1.

Plain envelope, sealed \$3.

Foreign & Canada, (10 mos.) \$1.

Issue No. 424 (19th Year) March 1, 1964

Second Class Postage Paid at Union, New Jersey, U.S.A.

FIVE CENTS

FLUORIDATION Part 2

Documentation Thoroughly Discredits It

MENACE TO HEALTH AND NEUTRALIZER OF MINDS

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(Continued from Issue No. 423)

HARM TO HUMANS FROM FLUORIDATED WATER

McClure said (89): "The first specific symptom of fluorine injury to the child is the appearance of hypocalcified enamel known as mild mottled enamel." The AMA report gives mottling as "the most delicate criterion of harm" from fluorides and acknowledges that mottled teeth will inevitably result from water containing 1 ppm F (60). Dean (61) reported: "Teeth affected with mottled enamel . . . erupt showing a dull, chalky-white appearance which in many instances later take on a characteristic brown stain, the frequency of the stain increasing with age."

In 1941, Schour & Smith (62) discoursed on experimental dental fluorosis as follows: "In view of the multiple effects of fluorides upon teeth development (pigmentation, calcification, formation, eruption and attrition), the term 'mottled enamel' is insufficient and should be replaced by 'dental fluorosis.' The latter indicates the etiologic factor and includes the dentin as well as the enamel." While enamel formation ceases at eruption, this is not so with dentin and pulp tissue, where effects of fluoride can continue to increase throughout the life of the tooth.

Dillon (63) has shown fluoride to cause ectopic calcific deposits in the pulp and degeneration of the periodontal fibers as well as fluorosis of enamel and dentin.

Even though dental fluorosis is the first symptom of fluoride poisoning usually observed, it is impossible to tell, by dental fluorosis alone, whether or not the children showing it will later develop the other, more serious effects of fluoride poisoning. These other symptoms are so varied and so often associated with other conditions that nothing is pathognomonic of fluoride poisoning, except dental fluorosis, until catastrophic damage has been done. Shortt (64) says that death, in advanced cases, comes as a result of intercurrent disease. While the fluoride poisoning weakens and debilitates those afflicted, in reality it only makes them more susceptible to other things and it is this superimposed condition that actually gets credit for death. This is precisely why fluorosis is only rarely diagnosed as a disease entity and also why we do not find "fluoride poisoning—chronic" listed among death causes in mortality statistics. The impracticability of bone removal for analysis in living subjects also tends to lessen the likelihood of diagnosis of chronic fluorine intoxication.

It has been thought, until recently, that chronic fluoride poisoning would always be necessarily accompanied by substantial accumulation of fluoride in the bones. The discovery of the build-up of fluoride in the soft tissues (26) (27) and the finding of those studying the action of fluorides as

The Penalty For Going To Sleep



From The Commercial Appeal August 2, 1963

enzyme inhibitors (26) (80) (88) are making us aware of the fact that this is not always true that severe fluoride poisoning may occur without heavy build-up in bone.

McKay (66) told the American Public Health Association in 1952: "Fluorosis, even to an extremely disfiguring degree, can be produced when the fluoride content is two parts per million or more." This might seem to imply that below 2 ppm no disfiguring fluorosis occurs. McKay's own work (65) disallows any such implication. In 1916, he, with Black, found 100% mottling at 1 ppm F, 18% at 0.2 ppm, 50% at 0.4 ppm and 80% at 0.0 ppm. Finding mottling where waters contain no fluoride emphasizes the need for consideration of sources other than water in figuring total dosage.

BAD FOR THE UNDERNOURISHED

Massler & Schour (67) show that malnutrition exerts a severe influence on the degree of mottling resulting from low concentrations of fluorides.

Kemp, Murray & Wilson (68) observed that concentrations as low as 1 ppm F were associated with spinal deformations and damaging mottling. They also observed that poor nutrition accentuates the ill-effects of fluorides.

Boissovain (69), analyzing McKay's work, concludes: "Children less than five years old should drink water free from fluorine." McClure & Mitchell (70) found that 0.03% F. produces abnormal teeth in rats. Boissovain, discussing McClure & Mitchell's findings, says: "If the lesion in the rat teeth is

comparable with mottled teeth in the human . . . 2 ppm must be considered harmful to the general health." In the light of the knowledge of a 20 to 1 ratio of adult human water consumption, the lowness of this estimate is very thought-provoking, especially in view of the fact that fluoride can do adults no good whatever.

Kronfeld (71) writes. "Fluorine in low concentrations has a specific toxic effect upon the enamel-forming cells and also upon the calcification of the dentin. In cities in which the water supply has a fluorine content of from 0.6 to 0.9 part per 1,000,000, from 2.6 to 10.6 per cent of the children are affected." He indicates that mottling increases with increased fluorine content and admits that severe cases occur at low concentrations with "more susceptible" children.

One certain result of fluoridation, artificial or natural, is dental fluorosis. Newburg reports slightly more than 17% (72). Death-rage (72) found 31.8% of Geneva (1 ppm F), Illinois, children to have mottling. He found no simple relation between rate or degree of mottling and fluorine concentration of the water. Proponents have proclaimed that "no objectionable mottling" will occur under fluoridation, but who decided what is "objectionable"? No severe mottling has yet been reported in Newburg, but we have seen that the frequency of staining increases with age (61) (65) (66) (60). Those years have not yet passed.

The Smiths (73) consider water at 0.9 ppm F, or over, dangerous from a standpoint of mottling. They also discover no simple relation between fluorine content of water and fluorosis or dental decay. In Tucson (0.9 ppm F), Arizona, 37% of children had mild to moderate mottling. Indian children, drinking water at 1 ppm F, showed no less decay than children with much lower fluoride intakes, but their teeth were almost 100% mottled beyond repair. In studying the durability of mottled teeth at St. David, Arizona, 33% of 12-14 year old children were seen to have caries, but beyond 21 years of age very few were decay-free.

Fifty per cent (50%) of 24-26 year old people had false teeth because decay was so widespread and repairs so unsuccessful in fluorosed teeth. They felt that fluoride merely delays the time of appearance of decay, since they only rarely found fluorosed teeth of adults to be decay-free. Galagan (74) attributes the high mottling in Arizona to increased water consumption, which is in turn laid to the very high temperatures there.

In the foregoing, we have seen the occurrence of dental fluorosis of varying degree at all levels of fluoride occurrence in water, even those below the so-called optimal concentration. While dental fluorosis does not kill, it cannot be termed "harmless."

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